



PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10/025,461

CLAIMS AS FILED - PART I					SMALL ENTITY	OTHER THAN SMALL ENTITY
(Column 1)			(Column 2)			
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$ _____		\$ 740
TOTAL CLAIMS (37 CFR 1.16(c))	14	minus 20 = *	x \$ _____ =		OR x \$ _____ =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = *	x _____ =		OR x _____ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		OR + _____ =	
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL	OR TOTAL 740
CLAIMS AS AMENDED - PART II					SMALL ENTITY	OTHER THAN SMALL ENTITY
(Column 1)			(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 36	Minus	** 20 = 16	x \$ _____ =	OR x \$ 18 = 288
	Independent (37 CFR 1.16(b))	* 7	Minus	*** 3 = 4	x _____ =	OR x 84 = 336
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR + _____ =
					TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE 624
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 36	Minus	** 36 = 0	x \$ _____ =	OR x \$ _____ =
	Independent (37 CFR 1.16(b))	* 10	Minus	*** 7 = 3	x _____ =	OR x 86 = 258
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR + _____ =
					TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE 258
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 38	Minus	** 36 = 2	x \$ _____ =	OR x \$ 18 = 36
	Independent (37 CFR 1.16(b))	* 15	Minus	*** 10 = 5	x _____ =	OR x 86 = 430
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR + _____ =
					TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE 466

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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